

BEST AVAILABLE COPY

PTO/SB/21 (09-04)

Approved for use through 07/31/2006.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|------------------------|------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Patent Number | 6,911,879 | RECEIVED |
| | Issue Date | June 28, 2005 | |
| | First Named Inventor | Chiang et al. | |
| | Application Number | 10/691,198 | |
| | Filing Date | October 22, 2003 | |
| Total Number of Pages in This Submission | Attorney Docket Number | TAN-2-1505.02.US | |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney and Power of Attorney with Statement Under 37 C.F.R. 3.73(b) |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Remarks </div> <div style="text-align: center;"> OFFICIAL FACSIMILE 2 PAGES SENT VIA FACSIMILE TO 571-273-8300. PLEASE IMMEDIATELY DELIVER TO EXAMINER Glenn, GROUP ART UNIT 2817. </div> </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------|----------|--------|
| Firm Name | VOLPE AND KOENIG, P.C. | | |
| Signature | | | |
| Printed name | John C. Donch Jr. | | |
| Date | 2/13/07 | Reg. No. | 43,593 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
|--|-------------------|
| I hereby certify that this correspondence is being sent Via Facsimile (571-273-8300) addressed to: Examiner Glenn, Group Art Unit 2817, on the date shown below: | |
| Signature | |
| Typed or printed name | John C. Donch Jr. |
| Date | 2/13/07 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.